

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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COMPLETED INTERVAL REPORT

Document Number:

400133291

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10338 4. Contact Name: KIMBERLY LONG  
 2. Name of Operator: CARRIZO OIL & GAS INC Phone: (713) 328-1000  
 3. Address: 1000 LOUISIANA STREET #1500 Fax: (713) 328-1060  
 City: HOUSTON State: TX Zip: 77002

5. API Number 05-123-32290-00 6. County: WELD  
 7. Well Name: Bob White Well Number: 36-44-8-62  
 8. Location: QtrQtr: SESE Section: 36 Township: 8N Range: 62W Meridian: 6  
 9. Field Name: CHECKERBOARD Field Code: 10975

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
 Treatment Date: 01/21/2011 Date of First Production this formation: 01/26/2011  
 Perforations Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ No. Holes: \_\_\_\_\_ Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 FRACTURE STIMULATED THROUGH A PORT AND PACKER SYSTEM WITH 2,183,500 LBS OF 20/40 SAND, 330,000 LBS OF 40/70 SAND & 47,778 BBLS OF FLUID.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 02/05/2011 Hours: 24 Bbls oil: 715 Mcf Gas: 785 Bbls H2O: 619  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 715 Mcf Gas: 785 Bbls H2O: 619 GOR: 1098  
 Test Method: JET PUMP Casing PSI: 410 Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
 Gas Disposition: FLARED Gas Type: WET BTU Gas: 1568 API Gravity Oil: 36  
 Tubing Size: 2.375 Tubing Setting Depth: 6199 Tbg setting date: 01/28/2011 Packer Depth: 6205  
 Reason for Non-Production: \_\_\_\_\_  
 Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

Comment: \_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: KIMBERLY LONG  
 Title: COMPLIANCE SPECIALIST Date: \_\_\_\_\_ Email kimberly.long@crzo.net

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400133829	

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)